Cultural Profile: Somali Bantus

The following information has been excerpted from sources listed at the end.

Introduction
Since the spring of 2003, about 300 Somali Bantu refugees have settled in Vermont. The Bantus are descendents of those taken in the Indian Ocean Slave Trade from Malawi, Tanzania and Mozambique and they are a persecuted minority in Somalia. The Somali Bantus originate from one of six main tribes: Majindo, Makua, Manyasa, Yao, Zalama, and Zigua. They are collectively known as Mushungulis. The word has multiple implied meanings including worker, foreigner, and slave.

Ancestors of the Bantus practiced indigenous ceremonies and beliefs. Some Bantus freed themselves from slavery by converting to Islam. Over time, many more have converted to Islam. A small number in the refugee camps have converted to Christianity.

The Bantus have little formal education and low literacy with almost no exposure to technology, urban life, and the amenities of Western life including modern housing, electricity, flush toilets, telephones, kitchens, transportation systems, and government services. They come from a rural farming region along the Juba River in Somalia. Many were in refugee camps in Kenya for 10 years or more prior to arriving in the U.S. They have skills in small-scale farming and some construction.

About 60 percent of the Somali Bantus are 17 years old or younger and 31 percent are under six. The Bantus have a strong sense of family and community and the average family has four to six children. The family often includes grandparents, aunts, uncles and other relatives. Adults may consider themselves as members of more than one family; for example, a married woman maintains ties to her father's family. The children are given the father's name while the wife keeps her father's name.

Less than 5 percent of Somali Bantus speak English. Between 50 and 70 percent speak the Bantu version of the southern Somali dialect Maimai (also spelled Maymay or Af May). Between 30 and 50 percent of Somali Bantus speak Somali, 10 to 20 percent speak Kizigua, a Bantu language similar to Kiswahili. The majority of adults have never attended school and do not read or write in their own language. Most Somali Bantus are not familiar with the use of dates or time. Many women are unable to give the ages of their children. Weather markers or particular events are references to dates of birth and family history.

Health Issues
There are traditional medical practitioners in Somalia including herbalists, bone-setters and religious practitioners. Herbal medicines are widely used. Somali Bantus practice cupping and other traditional medicinal procedures that leave burn scars. Spirits and the preternatural play a large role in the lives of the Bantus. Mothers with infants under 40 days old often carry around a metallic object to protect the child from evil spirits. Chronic malnutrition is estimated at about 65% for Somali Bantu children and the rate of low birth weight is reported to be as high as 16%. Other problems that health practitioners should be alert for include cervical cancer, ectoparasites, and post-traumatic

stress disorder. Many Bantus have witnessed or experienced severe violence and may be traumatized as a result.

Health risks in refugees from East Africa for which screening is required during the initial refugee health assessment include:

- Intestinal parasites (Enterobius, Trichuris, Strongyloides, and Ascaris)
- Hepatitis B
- Tuberculosis
- Syphilis
- Diarrheal illnesses

In addition to the required screenings, providers should also consider the following health risks for refugees from East Africa, and screen as indicated:

- Malnutrition
- Filariasis
- Leishmaniasis
- Low/no immunizations
- Dental caries
- Typhoid fever
- Malaria
- Trachoma
- Dengue fever
- HIV infection
- Hansen's disease

Special Needs of Women

Somali Bantus tend to have large families and their children are often closely spaced; a woman's status is enhanced by bearing large number of children. Contraception is not widely used. Women traditionally give birth at home, usually with a birthing attendant, and they may be fearful of hospitals because of an association with caesarian sections. They generally prefer to work with a female physician or midwife.

Female circumcision may result in health consequences during childbirth or otherwise. According to The Cultural Orientation Project report, the Bantus practice circumcision of both males and females, and the female circumcision practiced by some Bantus is milder than that practiced by other groups in Somalia. Female circumcision is a tradition but is not mandated by Islam, and the Bantus are reported to be agreeable to giving up this practice in the U.S. According to RAINBO (Research Action and Information Network for the Bodily Integrity of Women), successful treatment of women with female circumcision (sometimes called female genital mutilation) requires clear communication with a two-way dialogue between provider and patient. RAINBO recommends using the term "female circumcision" rather than "female genital mutilation". A fact sheet and many other valuable resources for caring for women with circumcision may be found at http://www.rainbo.org . Additional resources may be found at the World Health Organization's website at:
http://www.who.int/mediacentre/factsheets/fs241/en/index.html

Sources

1. Refugee Reports, IRSA, Volume 23, Number 8, November 2002.
2. The Somali Bantu - Their History and Culture, Culture Profile 2002
   Dan Van Lehman, Omar Eno; Center for Applied Linguistics, The Cultural Orientation Resource Center The Cultural Orientation Project
   http://www.culturalorientation.net/bantu/

3. U.S. Department of State, http://www.state.gov/g/prm/rls/fs/2003/17270.htm
4. Somali Refugees, http://www3.baylor.edu/~Charles_Kemp/somali_refugees.htm
5. Somali Bantu Culture Profile, Update from Nairobi http://www.somalibantu.com/
6. RAINBO (Research Action and Information Network for the Bodily Integrity of Women) http://www.rainbo.org/
7. Ethnomed, University of Washington/Harborview Medical Center www.ethnomed.org